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EAR, NOSE AND THROAT, HEAD AND NECK SURGEONS

ENT ALBURY WODONGA

Patulous Eustachian Tube Information:

Patulous eustachian tubes often present a frustrating problem for patients and clinicians.The incidence is reported to be between 0.3-6.6% of the general population.

Symptoms: Patients with patulous eustachian tubes complain of blocked ears, humming tinnitus, and autophony – hearing your own voice in your head. They also may hear their own breath sounds. The sound resolves when the patient is lying down and is also relieved when the patient bends forward with the head between the knees or when upper respiratory tract inflammation occurs. The sounds may be aggravated by eating. Examination may reveal a ear drum that moves during forced breathing through one nostril.

Patulous eustachian tubes in the most severe form may be patent at all times, whereas a less severe form has been reported, where the tube is anatomically closed at rest, but may open easily during exercises or when there is decreased fluid in the ears.

Explanation: The eustachian tube is usually closed, and closure is maintained by the elasticity of its cartilage, mucosal lining, surrounding muscles and fat. Alteration of any of these anatomic components may cause patulous eustachian tubes – ie the tube remains open. Conditions associated with patulous eustachian tubes include: radiation therapy, hormonal therapy, pregnancy, nasal decongestants, fatigue, stress, and weight loss.

Treatment: Patients can be treated with simple reassurance after a thorough history and physical examination. Treatment or removal of underlying factors may reverse the problem. Such as weight gain by patients who have lost weight, cessation of decongestants.

Medical: Many medical regimens have been described including agents which produce swelling, including: insufflation of boric acid and salicylate powder as described by Bezold, application of nitric acid and phenol, oral administration of saturated solution of potassium iodide (10 drops in juice TID), premarin nasal spray (25 mg in 30 cc NS). All these agents have variable success rates.

New medications are currently under investigation including a herbal combination being evaluated in Japan, and a medication reported Dr. DiBartolomeo of Santa Barbara, California that is composed of chlorobutanol, benzyl alcohol, diluted hydrochloric acid, and propylene glycol.

Surgery: In patients who do not improve with medical therapy and who want further treatment, several surgical interventions have been used with varying degrees of success. Options include electrocauterization of the eustachian tube orifice, peritubal injection with gelfoam, paraffin, avitene, or teflon paste, transposition of the tensor veli palatini muscle medial to the pterygoid hamulus, and myringotomy with ventilation tube placement. (grommets)

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